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CONFIRMATION NO. 6224

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/510,377		600	3735	5366-19

APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/NZ03/00059 04/07/2003

**** FOREIGN APPLICATIONS *******

NEW ZEALAND 518163 04/05/2002

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ****

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Verified and Acknowledged	/SAMUEL G GILBERT/ Examiner's Signature	Initials	NEW ZEALAND	6	101	6

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TITLE

Embryo modification and implantation

FILING FEE RECEIVED 3250	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit